

ACCOUNT APPLICATION FORM

Account Manager: _____

CUSTOMER INFORMATION

Name of Company: _____

Address: _____

Town/City: _____ Country: _____ Post Code: _____

Tel: _____ Fax: _____

Email: _____

Business Registration No.: _____ Date of Establishment: _____

Nature of Business: _____ VAT No: _____

NAMES OF AUTHORISED COMPANY CONTACTS

Name	Position	Email
1.		
2.		
3.		

ACCOUNTING DEPARTMENT CONTACT INFORMATION

Account Department Contact: _____

Tel: _____ Fax: _____

Email: _____

CREDIT TERMS: **30 days** from receipt of invoice

Upon completion, please fax this form along with a copy of your company's Business Registration Certificate to **+44 (0) 020 8890 3054** or email to **accounts@royale.co.uk**.

AUTHORISED SIGNATURE WITH COMPANY CHOP

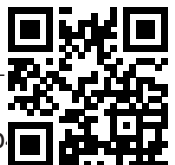
DATE

We/I the undersigned acknowledge and confirm receipt of Royale International Couriers Limited ("the Company") Terms of Trading conditions which appear on a separate document. We/I further acknowledge that the Company's services are provided subject only to its Terms of Trading conditions. The conditions incorporate in certain circumstances limitation and exclusion of liability provisions in addition to indemnities available to the Company. By signing this form I warrant and represent to Royale International Couriers Limited that I am a representative of the applicant with authority to contractually bind the applicant and all information I have provided is accurate and complete.

CONTACT US:

Royale International Couriers Limited
670 Spur Road, North Feltham Trading Estate, TW14 0SL
United Kingdom

Tel: **+44 (0) 20 8890 3004** Fax: **+44 (0) 20 8890 3004**
Sales Enquiries: **info@royale.co.uk**



Published Nov 2015 by the Royale International Group
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